MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Beachy (Last) Ashby.

4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 12/14/1856

9. AGE last birthday 92 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home making.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Bittinger, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John J. Beachy

14. MOTHER'S MAIDEN NAME Christina Warnick,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Orpha Wicker, Daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

(c) Atrophic Cerrhosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 23, 1944, to Aug 21, 1949, that I last saw the deceased alive on Aug 20, 1949, and that death occurred at 2:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. L. Baumgartner M.D. ADDRESS Oakland Md. DATE SIGNED 8/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8/24/1949 NAME OF CEMETERY OR CREMATORY Oakland Cemetery LOCATION (City, town, or county) Oakland, Maryland (State)

DATE REC'D BY LOCAL REG. 8-24-49 REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Murray D. Bolden, ADDRESS Oakland. Md.

RECEIVED
SEP 8 1949
BUREAU V. S.

07871

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett, Deer Park, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elsie (Middle) Viola (Last) Bowers
4. DATE OF DEATH (Month) August (Day) 29 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5/2/1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Garrett County
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Bill Harvey
14. MOTHER'S MAIDEN NAME Molly Tasker.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Garfield Bowers, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 8/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 9/1/1949
NAME OF CEMETERY OR CREMATORY Deer Park Cemetery.
LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REG. 9-1-49
REGISTRAR'S SIGNATURE Julia A. Rowan Local
24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 8 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

117872

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 188

1. PLACE OF DEATH
COUNTY Garrett
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Oakland, Maryland.
LENGTH OF STAY (In this place) 1-Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pa
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DORMONT,
STREET ADDRESS (If rural, give location) 3031 PINEHURST AVE.,

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) MELVIN (Last) DAVIDSON

4. DATE OF DEATH: (Month) Aug (Day) 4. (Year) 1949

5. SEX: Male.

6. COLOR OR RACE: White.

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Specify)

8. DATE OF BIRTH: 2-12-1906

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Keeper.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pittsburgh, Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Stewart Davidson

14. MOTHER'S MAIDEN NAME: Anna Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 168-09-3672

17. INFORMANT: Mrs. James Melvin Davidson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 12 hrs

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

13b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Pulmonary Tuberculosis—

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. J. Baumgartner M.D. (Degree or title) ADDRESS: 252 Eden St Oakland Md DATE SIGNED: 8/4/49

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF: 8/8/1949 NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cem. LOCATION (City, town, or county) (State): Allegheny County.

DATE REC'D BY LOCAL REG. 8-4-1949 REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Emroy D. Bollen ADDRESS: Oakland, Md

MARGIN RESERVED FOR BINDING

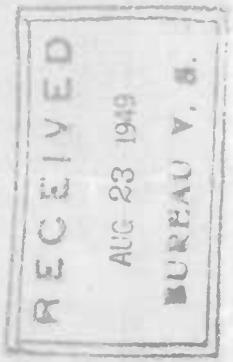
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Get Family History Very Necessary.

Return to Jones & Rowan L.R.
Oakland Md

RECEIVED
AUG 23 1949
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11787 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Garrett — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (in this place) 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer Keyser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 104 Columbia St.

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) J. (Last) Goff

4. DATE OF DEATH: (Month) Aug. (Day) 3, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-30-1860

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Botertrout Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Powell

14. MOTHER'S MAIDEN NAME: Sophia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: John E. Ballou

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Renal Failure — Interval Between Onset and Death: 4 days

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Arterio-sclerotic cardio-vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Umbilical Hernia. Old Paralysis

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 March, 1949, to 3 Aug., 1949, that I last saw the deceased alive on 1 Aug., 1949 and that death occurred at 6:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas F. Leahy M.D. Oakland, Md. 3 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8- 5-1949
NAME OF CEMETERY OR CREMATORY: Crown Hill
LOCATION (City, town, or county) (State): Clifton Forge, Va.

DATE REC'D BY LOCAL REG. Aug 5/49
REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17874

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Avilton Garrett MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN avilton; LENGTH OF STAY (in this place) 23Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Garett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avilton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rosella (Middle) McKenzie (Last)

4. DATE OF DEATH: (Month) Augest (Day) 31 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 11 1908

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Houge Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frostburg Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Lloid Olen McKenzie

14. MOTHER'S MAIDEN NAME: Annie E. Winners

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Orville S. McKenzie-Salisbury Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of both Lungs

176 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 49c (b) Carcinoma of Vagina

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1949, to Aug 31, 1949, that I last saw the deceased alive on Aug 30, 1949, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N. R. Davis M.D. Grantsville Md Aug 31 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-3-1949

NAME OF CEMETERY OR CREMATORY: Saint Anns Cemetary

LOCATION (City, town, or county) (State): Avilton Garett County

DATE REC'D BY LOCAL REG.: Aug 31/49

REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Wm. Winterberg

ADDRESS: Grantsville Md

RECEIVED
SEP 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

117875

FILM No. G 122 SEP 23 1949 **CERTIFICATE OF DEATH** Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: | LENGTH OF STAY (in this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland, COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Downing	Merrill.	8/24/1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Min.
Male	White	Married	10/18/1876	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Farmer	Oakland, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nicholas Merrill	Isabelle Kight.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	None	Mrs. Charles Merrill, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	1 day
151 Antecedent cause(s)		
46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Stomach	2 years
	(c) II Hypertensive Heart disease	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 2, 1949, to Aug. 24, 1949, that I last saw the deceased alive on Aug. 24, 1949, and that death occurred at 1:4. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A E. Merrill	Mrs	Oakland Md	26 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	8/27/1949.	Oakland Cemetery	Oakland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-27-49	Julia Rowan	Emroy D. Golden	Oakland, Md.

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07876

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH · COUNTY Garrett Swanton. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Stephen	(Middle)	(Last) Rhodes.	4. DATE OF DEATH	(Month) 8	(Day) 29	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1/15/1867	9. AGE last birthday 81 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Swanton, Maryland.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Jackson Rhodes,	14. MOTHER'S MAIDEN NAME Mary Gilpin.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Stephen Rhodes, Swanton, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	2 days
Antecedent cause(s)	(b) Acute Uremia Retention	2 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cardio-Vascular Renal Disease	7

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1949, to Aug 28, 1949, that I last saw the deceased alive on Aug 28, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph Colombella	M.D.	Kitzmiller, Md	Aug 31-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 9/1/1949	NAME OF CEMETERY OR CREMATORY Rhodes Cemetery	LOCATION (City, town, or county) (State) Swanton, Md.
DATE REC'D BY LOCAL REG. 9-1-49	REGISTRAR'S SIGNATURE Julia A Rowan	24. FUNERAL DIRECTOR Emroy D. Bolden	ADDRESS Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1949
BUREAU V. S.

07877

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park | LENGTH OF STAY (In this place) 82 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ---

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park
STREET ADDRESS (If rural, give location) 5 Mi. North Deer Park, Md.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) --- (Last) Rodeheaver
4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	3/3/1867	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Maryland	U. S. A.

13. FATHER'S NAME: Samuel Rodeheaver
14. MOTHER'S MAIDEN NAME: Mary Ann Sisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	----	Mrs. Harry Paugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. L. Baumgartner	M D	Oakland Md	8/11/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/12/49	Rodeheaver Cemetery	Route #219 Garrett Co., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/12/49	Julia K. Rowan Local Reg.	Herbert C. Leighton	Oakland, Md.

VS. A15A

RECEIVED
AUG 23 1949
BUREAU T. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07878 766

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Swanton
LENGTH OF STAY (in this place) 68 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Swanton & Deer Park Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Swanton
STREET ADDRESS (If rural, give location) Swanton & Deer Park Rd.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) - (Last) Sweitzer
4. DATE OF DEATH (Month) August (Day) 5, (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED OR DIVORCED (Specify) Married
8. DATE OF BIRTH April 11, 1872
9. AGE last birthday 77 yrs. If under 1 year Months 5 Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Accident, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Levi Sweitzer
14. MOTHER'S MAIDEN NAME Mary Jane Bittinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Harry Sweitzer, Crellin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	1 week
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Cardio-Vascular Renal Disease	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946, to Aug 5, 1949, that I last saw the deceased alive on Aug 5, 1949, and that death occurred at 12:27P. m., from the causes and on the date stated above.

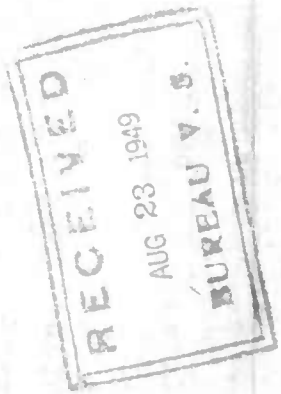
SIGNATURE Ralph Calandrella (Degree or title) M.D ADDRESS Kitzmiller, Md DATE SIGNED Aug 6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8/7/49 NAME OF CEMETERY OR CREMATORY George Cemetery LOCATION (City, town or county) Swanton, Garrett Co., (State) Md.

DATE REC'D BY LOCAL REG. 8-7-49 REGISTRAR'S SIGNATURE Julia A. Lowan
24. FUNERAL DIRECTOR Otha F. Sharpless, ADDRESS Blaine, W.Va.

Get Certificate signed
Doctor out of Town
return to Julien C. Rowan L.R.
Oakland, Md

RECEIVED
AUG 23 1949
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

#7879

Reg. Dist. No. 167

1. PLACE OF DEATH:

County: GARRETT

City or town: (RURAL) GARMANIA, W.Va.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 YEARS

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: GARRETT.

City or town: (RURAL) GARMANIA, W.Va.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: NONE

3.(a) FULL NAME: EDNA MAY TERRANT

3.(b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	MARRIED

6.(b) Name of husband or wife: SAM TERRANT

6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): MARCH 29 1886

8. AGE:

Years	Months	Days	If less than one day
63	2	9	...hrs. ...min.

9. Birthplace: Piedmont, MINERAL Co. W.Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: George McWilliams
13. Birthplace: Unknown

MOTHER
14. Maiden name: Virginia Whitehair
15. Birthplace: Unknown

16. Informant: Anna M. Heburjek
Address: GARMANIA, R.1, W.Va.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: AUG. 11 1949 (month) (day) (year)

Cemetery or crematory: Odd Fellows Cem.

Location: WESTERNPORT, Md.

18. Funeral director: W. D. Duncan

Address: Thomas, W.Va.

19. 8/10 1949 Elmer C. Shaffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 8 1949, at ...M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1949, to Aug 8 1949

and that I last saw her alive on August 8 1949

Immediate cause of death	DURATION
Carcinoma of Liver	?
Due to	
Due to	
Other conditions	

156
46 P
D

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury. Injured at work?

23. SIGNATURE: W. P. Jamison M.D.
M. D. or other

Address: Oakland Md Rt #2 Date signed: 8/10/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH
COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville
LENGTH OF STAY in this place: 30 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CarolLyne (Middle) Bird (Last) Wallace

4. DATE OF DEATH: (Month) Augest (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec -8-1879

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacherof Music &Arts

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harrisburg Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edwin R.Wallace

14. MOTHER'S MAIDEN NAME: Mary Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Rachel Holmes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 2 yrs

4222 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949 to Aug 8, 1949 that I last saw the deceased alive on Aug 6, 1949 and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. R. Davis M.D. Grantsville Md aug 8

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 8-10-1949

NAME OF CEMETERY OR CREMATORY: Grantsville

LOCATION (City, town, or county) (State): Grantsville-Garett.Md

DATE REC'D BY LOCAL REG.: 8-9-49

REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Wm Winterberg ADDRESS: Grantsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 11 1949
BUREAU V. S.